California Department of Corrections Internal Hiring Freeze Exemption Request

Hiring Institution/Headquarter Division:	Classification - Po	osition#:
Hiring Location/Unit:	Proposed Appoint	tee:
Hiring Supervisor/Phone Number:	Request Effective	Date:
Justification: (Briefly discuss critical need used.)	, other alternatives considere	ed and why existing personnel cannot be
	CDC Employee /Permissive Reinstatement	☐Existing State Employee ☐SROA/Surplus Employee
Departmental Placement Services Team	_	Date
Recommendation: Approve	Deny (Explanati	ion)
		Denied
Deputy Director	☐Approved ☐□	Date Denied
Chief Deputy Director		Date